

MAR 31 2006 8:47PM

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PART 5 - FEE(S) TRANSMISSION

NO. 6185 P. 2

O I P E

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Gunnar G. Leinberg, Esq.
 NIXON PEABODY LLP.
 CLINTON SQUARE
 PO Box 31051
 Rochester, NY 14603

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

John F. Guay	(Depositor's name)
<i>John F. Guay</i>	(Signature)
March 31, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,349	01/25/2002	David Bettat	D/A0098 (1508/3480)	9621

TITLE OF INVENTION: Seamed, Conformable Belt and Method of Making

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	4/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
Charles, Marcus	3682	474-253000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 Nixon Peabody LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Xerox Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stamford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-10037 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *John F. Guay*

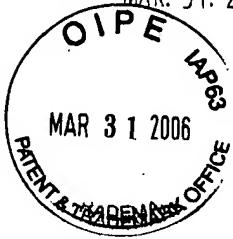
Typed or printed name John F. Guay

Date March 31, 2006

Registration No. 47,248

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Nixon Peabody LLP
Attorneys at Law

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(202) 585-8000

Fax: (202) 585-8080

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FAX

Date: March 31, 2006 **Pages (including cover):** 4
To: Mail Stop Issue Fee **Fax:** 571-273-2885
From: John F. Guay **Attorney Docket No.**
Docket No.: D/A0898 (1508-3480)

Message: The following documents are being presented for facsimile filing in the United States Patent and Trademark Office:

1. Fee Address Indication Form
2. Issue Fee Transmittal and copy
3. Permission to charge Deposit Account No. 24-0037 the amount of \$1,700.00
(representing \$1400.00 for the Issue Fee; \$300.00 for the Publication Fee.)

In re U.S. Patent Application of:
Inventor(s): David Battat et al.
Application No.: 10/055,349
Filed: January 25, 2002

Group Art Unit: 3682

Confirmation No.: 9621

Title: SEAMED CONFORMABLE BELT AND METHOD OF MAKING

Due Date: April 19, 2006
GGL/JFG

Date: March 31, 2006

~~Please note that on an Issue Fee payment transmittal form filed via facsimile earlier tonight in connection with the above-identified application, the "Current Correspondence Address" was inadvertently omitted. Please replace that Issue Fee payment transmittal with the one attached herein, which includes the correspondence address.~~

Thank you,

John F. Guay, Reg. No. 47,248

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NO. 6185 P. 3

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<i>John F. Guay</i>	(Signature)
March 31, 2006	(Date)

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nonprovisional	NO	\$1400	\$300	\$1700	4/19/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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Charles, Marcus	3682	474-253000
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Stamford, Connecticut

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<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 24-0037 (enclose an extra copy of this form).

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Authorized Signature *John F. Guay*

Date March 31, 2006

Typed or printed name John F. Guay

Registration No. 47,248

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